MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH 38 Primary Registration District No. 300 6 STATE FILE NUMBER _Registrar's No. DO NOT WRITE AMENDED ON THIS STUB 2. USUAL RESIDENCE (Where deceased lived. 1. PLACE OF DEATH a. STATE 🥒 a. COUNTY VS:300 admission) Rev. 4/59 b. CITY (If outside corporate limits, give_TOWNSHIP only) Length of stay in 1b c. CITY Inside Limits OR TÖWN Yes 🔂 No 🗀 TOWN Olumbia c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR Inside Limits d. STREET 0109 Reside on Farm ADDRESS Yes 🔂 No 🛚 INSTITUTION Yes T No T 0109 NAME OF DECEASED First Middle Last 4. DATE Day VAAR (Type or print) 25 DEATH 9. AGE (last bigfiday) IF UNDER 1 YEAR Never Married □ 8. DATE OF BIRTH 7. Married 🔼 6. COLOR OR RACE Widowed □ Divorced | 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY during most of working life, even if retired) <-7.0≥**⊘** 15. WAS DECEASED EVER IN U.S. ARMED FORCE (Yes, no, or unknown) (If yes, give war or dates INTERVAL BETWEEN CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: ONSET AND DEATH 10 IMMEDIATE CAUSE (a) ō 11 NSTEAD Conditions, if any, which cave rise to above cause (a); stating the underlying cause last. DUE TO (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal PART III. If deceased was there a pregnancy in last 90 days. disease condition given in PART I (a) ☐ Unknown ☐ Yes □ No 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of Item 18.) WAS AUTOPSY PERFORMED? HOMICIDE 20a. ACCIDENT SUICIDE YES | NO. 20c. TIME OF Hou Month; Day, Year INJURY a.m. COUNTY 20e. PLACE OF INJURY (e.g., in or about home, | 20f. CITY, TOWN, OR LOCATION STATE 20d. INJURY OCCURRED farm, factory, street, office bldg., etc.) WHILE AT WORK NOT WHILE AT WORK [*TYPEWRITER* 21. I attended the deceased from I/m on the date stated above, and to the best of my knowledge, from the causes stated. Death occurred at SHOULD 22b. ADDRESS 22a SIGNATURE (State) 23d. LOCATION (City, town, or county) 23. BURIAL, CREMATION, 23c. NAME OF CEMETERY OR CREMATORY 23b. DATE REMOVAL (Specify) Š 24. FUNERAL DIRECTOR

(Licensed Embalmer's Statement on Reverse Side)

E361 29 YAM

E961 0 E HAM

STATEMENT BY LICENSED EMBALMER

or by	, Student Embalmer No
working under my personal supervision.	Signed Lichard allum Leeves
StudentSignature of Student Embalmer	
	Licensed Embalmer No. 510 9
	P. O. Address Columbia, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.